

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 09/30/2010. OMB 0851-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<p><i>Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</i></p> <h2 style="text-align: center; margin: 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0;">For FY 2008</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/759,307-Conf. #7177</td></tr> <tr><td>Filing Date</td><td>January 20, 2004</td></tr> <tr><td>First Named Inventor</td><td>MI Ae CHOI</td></tr> <tr><td>Examiner Name</td><td>R. J. Hance</td></tr> <tr><td>Art Unit</td><td>2623</td></tr> <tr><td>Attorney Docket No.</td><td>3449-0301P</td></tr> </table>		Application Number	10/759,307-Conf. #7177	Filing Date	January 20, 2004	First Named Inventor	MI Ae CHOI	Examiner Name	R. J. Hance	Art Unit	2623	Attorney Docket No.	3449-0301P
Application Number	10/759,307-Conf. #7177														
Filing Date	January 20, 2004														
First Named Inventor	MI Ae CHOI														
Examiner Name	R. J. Hance														
Art Unit	2623														
Attorney Docket No.	3449-0301P														
<p><b>TOTAL AMOUNT OF PAYMENT</b>      (\$) 1,122.00</p>															

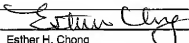
  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<small>Small Entity</small>		<small>Small Entity</small>		<small>Small Entity</small>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
							185
							<b>Small Entity</b>
							<b>Fee (\$)</b>
<b>Total Claims</b>							<b>Fee Paid (\$)</b>
26 - 20 = 6 x 52 =							\$312.00
HP = highest number of total claims paid for, if greater than 20.							<b>Multiple Dependent Claims</b>
							<b>Fee (\$)</b>
<b>Indep. Claims</b>							<b>Fee Paid (\$)</b>
5 - 5 = 0 x =							_____
HP = highest number of independent claims paid for, if greater than 3.							_____
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	
						<b>Fees Paid (\$)</b>	
						(round up to a whole number) x _____ = _____	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							<b>Fees Paid (\$)</b>
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							810.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	40,953
Name (Print/Type)	Esther H. Chong	Telephone	(703) 205-8000
		Date	December 17, 2008